Department of Revenue Tax Division PO Box 110420 Juneau, AK 99811-0420 Telephone 907.465.2320 Fax 907.465.2375

State of Alaska Vehicle Rental Tax Quarterly Tax Return Authority: AS 43.52

DEPT USE ONLY ENV:	
FSN:	

This form is available online at www.tax.state.ak.us/forms.asp

Check if amended return and attach explanation.			DUE DATE: The Vehicle Rental Tax Return is due the last day of the month following the end		
			of the calendar quarter.		
Federal EIN or SSN	AK Business	License #	Calendar Quarte	Calendar Quarter Ending	
Name			Email Address		
Mailing Address			Telephone Number		
City	State	Zip Code	Fax Number		
Contact Person	Title		Contact Telepho	Contact Telephone Number	
Physical Location(s) Where Vehicle Rental Trans	sactions Take Pla	ace (use additional shee	ets as necessary):		
Tax Computation - Passenger Vehicle	!s				
 GROSS FEES AND COSTS charged for the period: 					
Less: TAX EXEMPT fees and costs charge report period:					
NET TAXABLE FEES AND COSTS charged report period (line 1 less line 2):					
4. TAX (multiply line 3 by 10% or .10):					
Tax Computation - Recreational Vehic	cles				
5. GROSS FEES AND COSTS charged for the period:		recreational vehicles	during this report		
6. Less: TAX EXEMPT fees and costs charge this report period:	d for the rental or	lease of recreational v	ehicles during		
7. NET TAXABLE FEES AND COSTS charged this report period (line 6 less line 7):	I for the rental or I	ease of recreational v	ehicles during		
8. TAX (multiply line 7 by 3% or .03):					
Tax Computation Summary					
9. TAX LIABILITY (add lines 4 and 8):					
AMENDED RETURNS ONLY AMENDED 10. LESS VEHICLE RENTAL TAXES PREVIOU	RETURNS ONLY JSLY PAID this qu	AMENDED RET			
11. TOTAL TAX DUE or (REFUND) (line 9 less	line 10):				
Note: If your liability exceeds \$100,000, you must use Elect	ronic Funds Transfer (re Transfer	(EFT) or wire transfer funds.	lumber		
I declare under penalty of perjury that the information provide and complete. If prepared by a person other than the taxpay 43.05.290)	ed in this return has be	een reviewed by me, and to t	the best of my knowledge a	, ,	
Signature	Type or Print Na	ame		Date	
DEPARTMENT USE ONLY	ı			I Validation	
DMD.					